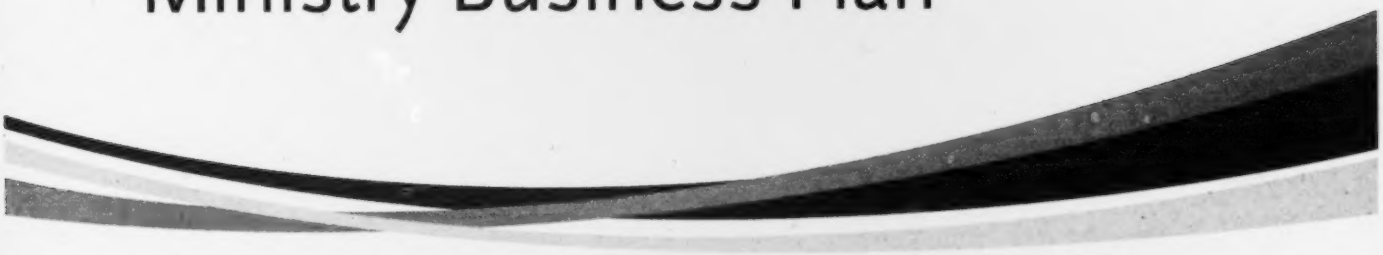
Health and Wellness

2010 to 2013

Ministry Business Plan



Government of Alberta

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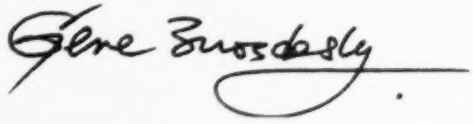
Health and Wellness

BUSINESS PLAN 2010-13

ACCOUNTABILITY STATEMENT

The business plan for the three years commencing April 1, 2010 was prepared under my direction in accordance with the *Government Accountability Act* and the government's accounting policies. All of the government's policy decisions as of January 20, 2010 with material economic or fiscal implications of which I am aware have been considered in preparing the business plan.

The ministry's priorities outlined in the business plan were developed in the context of the government's business and fiscal plans. I am committed to achieving the planned results laid out in this business plan.



Gene Zwozdesky, *Minister of Health and Wellness*
January 22, 2010

THE MINISTRY

This business plan sets out the strategic direction, proposed changes, enhancements and activities for the Ministry of Health and Wellness in the three years ahead. The ministry business plan guides department operational plans and serves as a framework for the development of plans by Alberta Health Services and the Health Quality Council of Alberta.

The ministry's focus and role is strategic in developing policy, setting standards and regulations, ensuring accountability, and pursuing innovations on behalf of Albertans. Alberta Health Services provides health services delivery in response to direction received from the ministry.

Financial information is consolidated in the attached Ministry Statement of Operations. A summary of progress on this business plan will be reported in the Health and Wellness 2010-11 Annual Report. A more detailed description of Alberta's health system can be found on the ministry's website: www.health.alberta.ca

VISION

Healthy Albertans in a Healthy Alberta.

MISSION

Health and Wellness sets policy and direction to lead, achieve and sustain a responsive, integrated and accountable health system.

OUR SHARED VALUES

The ministry is both committed to and guided by the Alberta Public Service Values:

Respect We foster an environment in which each individual is valued, respected and heard.
Accountability We are responsible for our actions and for contributing to the effectiveness of the public service.
Integrity We behave ethically and are open, honest and fair.
Excellence We use innovation and continuous improvement to achieve excellence for Albertans.

LINK TO THE GOVERNMENT OF ALBERTA STRATEGIC BUSINESS PLAN

The ministry is committed to the government's strategic business plan. The key linkages and contributions of the ministry to the Government of Alberta goals are highlighted below:

This business plan supports the following goal in the *Government of Alberta Strategic Business Plan*:

Government of Alberta Goal 5: Albertans will be healthy.
The ministry leads and participates in the continuous improvement of the health system by promoting efficiency, increasing patient access and optimizing health services for Albertans. The ministry is committed to a sustainable and patient-focused approach to meet the present and future needs of Albertans.

SIGNIFICANT OPPORTUNITIES AND CHALLENGES

Sustainability of the Publicly Funded Health System – Spending on health care continues to outpace growth in government program spending and economic growth. Current rates of cost escalation jeopardize the continued viability and affordability of the system, especially given current economic conditions. Priorities will need to be set, new and innovative service delivery and funding models will need to be developed, and operational efficiencies will need to be achieved so that the health system can operate in a fiscally responsible manner and within available resources.

Public Health and Pandemic Planning – A healthy and well population will require fewer health services and will enjoy a higher quality of life. Services and information should be available to the public to promote healthy living practices and prevent injury, both in the workplace and in our private lives. Programs and policies should also be in place to protect the public from communicable diseases and outbreaks such as pandemic H1N1 influenza.

Efficiency, Technology and Innovation – Building a high performing, efficient and effective health system is an ongoing process. This requires leveraging research and technological advances, using evidence and actively seeking out new and innovative ways of providing health services and reassessing current technologies and services. Innovations in service delivery and how we utilize our workforce, new research and technologies, and implementation of operational efficiencies are paramount to providing excellence in the health system; however, these must be done prudently.

Integration of Services Throughout the Continuum of Care – While receiving health services, a patient may be cared for by several different care providers in many different settings. Therefore, a seamless continuum of care, coupled with system navigators and health coaches, is needed to support patients at every stage of the care process and at every stage of their life. The focus is on getting patients to the right place – at the right time – and cared for by the right people.

Accountability and Transparency – Albertans want a health system that is accountable for the services it provides and is transparent enough to allow the public to make informed decisions on the health services they receive. To do this, Albertans need information about the health system, how it is performing, and the type and quality of services provided. Once Albertans are empowered with this information, they can play a more active part in the treatment and care they receive and take greater responsibility for their own health.

Working Across Government to Improve the Determinants of Health – A strategic approach is needed to address the conditions that make people ill, injured, addicted, and in need of medical and other health services. This approach will require collaborative and integrated policies and programs across government that see multiple ministries working together to tackle factors such as income, education, housing, working conditions, and food security that influence one's health and well-being. This type of approach will not only improve Albertans' overall quality of life, but will also contribute to the sustainability of the publicly funded health system by reducing demand for services.

STRATEGIC PRIORITIES

Through the ministry's review of environmental factors, the strategic priorities described below have been identified. These are in addition to the important ongoing core activities of the ministry.

1. A strong foundation for public health **Linkage:** **Goals 2 and 4**	Policies will be developed to strengthen the core pillars of public health: health protection; health promotion; disease and injury prevention; assessment, surveillance and monitoring; and emergency preparedness. A sustainable health system depends on public health policies that promote and protect the health of the population.
2. Care in the community **Linkage:** **Goal 4**	Care in the community is paramount to ensuring health for Albertans. To support this as a priority, the government will promote a more coordinated and accessible system through enhanced primary health care and work with other ministries on addictions and mental health to strengthen community capacity. Increasing the number of short-stay mental health and addiction services, and increasing options for community-based continuing care, will help to reduce the volume and length of stay in hospitals and long-term care settings. Other services, such as care for patients requiring chronic disease management, will be focused at the community level.
3. Continuing Care **Linkage:** **Goal 5**	The continuing care system is changing. Through the *Continuing Care Strategy*, the quality of care for Albertans will be improved by exploring a new mixture of services, models and approaches to increase options for community-based continuing care services. Continuing care standards are to be flexible in order to enable aging in the right place and appropriate responses to the changing needs and expectations of clients, new models of care and emerging best practices.

4. **Workforce issues**

Linkage:

Goal 6

Address changes in the health workforce to better prepare for challenges ahead in the delivery of services. Health professionals will be utilized more effectively through efficient organization process and practice and through better application of scopes of practice. The ministry needs to develop policies surrounding the new role of nurse practitioners and physician assistants in the health system, and also needs to develop performance based compensation principles consistent across all health providers. Quality care requires participation with a variety of health providers, all working in collaboration with one another and in the best interests of the patient.

5. **Pharmaceutical Strategy**

Linkage:

Goals 3 and 6

The *Alberta Pharmaceutical Strategy* will strive to make drug coverage more accessible, affordable, efficient and therapeutically effective. Albertans will have access to cost-effective drug therapies through a comprehensive and fair government pharmaceutical program and will benefit from health provider oversight and assurance that therapies received are safe, appropriate and monitored. There is also a need to develop and negotiate a new pharmacist reimbursement model consistent with this strategy.

6. **Performance reporting for the health system**

Linkage:

Goals 1, 2 and 7

Whether measuring performance of the health system or of the ministry, Albertans must be assured that government is continually pursuing excellence in the health system by monitoring, measuring and reporting results to Albertans. In partnership with Alberta Health Services and other stakeholders the ministry will identify and focus on the critical few areas that require improvement to improve health system accountability and achieve a more responsive, integrated and accountable health system.

CORE BUSINESSES, GOALS, STRATEGIES & PERFORMANCE MEASURES

Core Business One: Leadership and governance

GOAL ONE 1

Health system accountability

What It Means

Albertans expect a high standard for health services and it is the responsibility of the government to ensure that the system is accountable for results. Being accountable for the health system means monitoring performance and measuring results, providing quality services for Albertans, and evaluating the effectiveness of programs in the interests of continuous service improvement and enhanced health system outcomes. The ministry acknowledges that effective partnerships are key to evaluating, planning, and providing access to a broad range of quality health services while ensuring effective governance and quality standards are met, and best practices are used throughout the health system. The ministry also recognizes the importance of maintaining and building upon its own organizational capacity to lead, govern and deliver the ministry's mission and to effectively respond to future challenges.

Strategies

1.1 Continued implementation of the new provincial Framework for Emergency Medical Services.

1.2 Review service optimization findings with Alberta Health Services and develop new strategies for enhancing the performance and sustainability of programs in acute, primary and continuing care.

1.3 Clarify and strengthen accountability relationships, roles and mutual responsibilities between Health and Wellness and Alberta Health Services.

1.4 Develop and implement policy, monitoring processes and the performance reporting framework to ensure effective governance and accountability of the health system.

1.5 Provide recommendations to build an updated and flexible legislative framework to better reflect Alberta's emerging health issues.

Performance Measures	Last Actual (year)	Target 2010-11	Target 2011-12	Target 2012-13
1.a **Public rating of health system overall:** Percentage rating the health care system as either "excellent" or "good"	63 (2009)	70	73	73
1.b **Satisfaction with health care services received:** Percentage of Albertans satisfied or very satisfied with health care services personally received in Alberta within the past year	60 (2008)	63	65	65

Source:

1.a Health Quality Council of Alberta. 2009 HQCA Provincial Survey.

1.b Health Quality Council of Alberta. Satisfaction with Health Care Services: A Survey of Albertans 2008.

GOAL TWO

Public assurance

What It Means

Albertans need safe and efficient access to health care programs and services that meet their needs and protect them from disease and injury. In addition to supporting safe and healthy communities through promotion, protection and prevention services, emergency preparedness and response plans are developed to deal with disease outbreaks and other public health threats. Public assurances are also provided, through a legislative framework, that health providers comply with legislative standards, that risks are managed or mitigated, and that quality is ensured through continuous performance monitoring.

Strategies

2.1 Introduce a patient safety framework to support the continuous and measureable improvement of patient safety in Alberta.

2.2 Improve the health system's capacity to prevent, prepare and respond to public health risks.

2.3 Build public confidence and strengthen the public's trust in the health system by enhancing our consolidated and integrated compliance function.

2.4 Develop and implement a health impact assessment.

2.5 Develop and implement a provincial surveillance strategy.

2.6 Develop and implement a provincial environmental public health strategy.

2.7 Review and consult on the *Public Health Act*.

2.8 Develop and begin implementation of a strategy to reduce prevalence of antibiotic-resistant organisms.

Performance Measures	Last Actual (year)	Target 2010-11	Target 2011-12	Target 2012-13
2.a **Patient safety:** Percentage of Albertans reporting unexpected harm to self or an immediate family member while receiving health care in Alberta within the past year	10 (2008)	10	9	9
2.b **Incidence of serious complaints:** Percentage of Albertans reporting a serious complaint about any health care services personally received in Alberta within the past year	13 (2008)	12	10	10
2.c **Influenza immunization:** Percentage of Albertans who have received the recommended seasonal influenza immunization				
• Seniors aged 65 and over	58	75	75	75
• Children aged 6 to 23 months	43	75	75	75
• Residents of long term care facilities	95 (2008-09)	95	95	95
2.d **Sexually transmitted infections:** Rate of newly reported infections (per 100,000 population)				
• Chlamydia	344.7	340	330	320
• Gonorrhea	60.8	55	50	45
• Syphilis	7.0 (2008)	7.0	6.5	6.0
Congenital Syphilis Rate per 100,000 births (live and still born)	4 (2008)	8	7	6

Sources:
2.a. and 2.b Health Quality Council of Alberta. Satisfaction with Health Care Services: A Survey of Albertans 2008.
2.c Alberta Health Services: Health and Wellness, Community and Population Health Division, Interactive Health Data Population Estimates.
2.d Alberta Health and Wellness, Community and Population Health Division, Communicable Disease Reporting System; Alberta Vital Statistics, Birth and Stillbirth Data.

GOAL THREE 3 A sustainable health system

What It Means The cost of delivering health care continues to rise at a rapid pace. Health care services must be preserved and enhanced through a reaffirmation of shared responsibility to assure accessible, sustainable and affordable high quality care for all Albertans. The ministry will continue to encourage effective and innovative approaches to enhance the capacity and utilization of the health system to alleviate escalating health care costs and demands. This includes consideration of the pricing strategies for pharmaceuticals, procurement strategies, and development of models

for alternate funding sources. The ministry acknowledges that health care in Alberta is a resource maintained in the public interest, and made possible through collective action, collaborative approaches and prudent choices.

Strategies

3.1 Lead the capital planning process based on service and community needs.

3.2 Implement the *Alberta Pharmaceutical Strategy* to improve drug coverage for Albertans, a single government-sponsored drug plan and more timely and transparent drug review process.

3.3 Implement a new generic pricing policy for community drugs and a new reimbursement model for pharmacists.

3.4 Develop a budgetary allocation and economic evaluation framework to respond to evolving priorities and ensure value for money.

Performance Measure	Last Actual 2008	Target 2010-11	Target 2011-12	Target 2012-13
3.a **Generic drug spending in Alberta:** Community dispensed percentage of generic prescription drugs in Alberta	34	36	38	40

Source:
3.a IMS Health Inc.

GOAL FOUR

Healthy living and optimal well-being

What It Means

A healthier population can be realized and a more effective and sustainable health system can be attained by building a strong foundation for public health. The ministry will focus on health and wellness promotion, including mental health, as well as chronic disease and injury prevention to improve the health of Albertans. Health and Wellness will work with various partners and stakeholders to encourage the integration of health promotion and disease and injury prevention, including addiction and mental health, with other health care services and non-health care sectors. The ministry continues to encourage Albertans to make wise choices about their health, wellness and quality of life. In addition, the ministry will also focus on policies and programs that support government and communities in encouraging healthy behaviours and lifestyle choices.

Strategies

4.1 Develop a mechanism to support the wellness agenda.

4.2 Provide Albertans with health information to support their health.

4.3 Promote wellness and childhood resiliency, ensuring alignment with multi-sectoral initiatives.

4.4 Develop policies and strategies for enhancing health and safety and for reducing the risk of disease and injury.

4.5 Develop policies to improve mental health and prevent and reduce the harm associated with substance abuse and gambling.

Performance Measures	Last Actual (year)	Target 2010-11	Target 2011-12	Target 2012-13
4.a **Health Link Alberta:**				
• Percentage of Albertans who are aware of Health Link Alberta	71 (2009)	75	75	75
• Percentage of Albertans who have used Health Link Alberta within the past year	37 (2009)	45	45	45
4.b **Self-reported health status:** Percentage of Albertans reporting "excellent", "very good", or "good" health				
• 18 to 64 years	89 (2009)	90	90	90
• 65 years and over	84 (2009)	85	85	85
4.c **Body Mass Index:** Percentage of Albertans age 18 and over who are overweight or obese				
• Overweight	34 (2008)	33	32	31
• Obese	18 (2008)	17	16	15
4.d **Smoking:** Prevalence of smoking				
• Alberta youth aged 12 to 19 years	11 (2008)	10	9	9
• Young adults aged 20 to 24 years	26 (2008)	25	24	23
4.e **Regular, heavy drinking:** Prevalence of regular, heavy drinking among young Albertans	31 (2008)	30	30	30

Sources:
4.a and 4.b Health Quality Council of Alberta. 2009 HQCA Provincial Survey.
4.c, 4.d and 4.e Statistics Canada. Canadian Community Health Survey, 2008.

Core Business Two: Effective and innovative health care

GOAL FIVE

Appropriate access to services across the continuum of care

What It Means Albertans require appropriate access to the right service in the right place and at the right time, through broad strategic policies such as *Vision 2020, Continuing Care Strategy, Alberta Pharmaceutical Strategy,* and the primary health care strategy. Within this context, strong collaboration and partnerships are required to improve the coordination of care and thereby more effectively serve the needs of Albertans and integrate health programs and services offered to Albertans. The ministry strives to maintain and further support Alberta Health Services in delivering accessible quality health care to all Albertans including the right services for an aging population, and the right mental health services.

Strategies 5.1 Continue to implement the *Continuing Care Strategy* which will provide Albertans with more options and choices to receive health services to "age in the right place."

5.2 Support clients in accessing and navigating the health system through guiding of the development and implementation of a patient navigator model.

5.3 Implement targeted strategies to improve access to health services.

5.4 Develop and implement provincial policies and strategies to address addiction and mental illness.

5.5 Develop a care in the community strategy involving an enhanced primary care model and more coordinated health and social support systems.

	Performance Measures	Last Actual (year)	Target 2010-11	Target 2011-12	Target 2012-13
5.a	**Continuing care:**[1]				
	• Number of persons waiting in an acute care hospital bed for continuing care	754 (March 2009)	400	350	300
	• Number of persons waiting in the community for continuing care	1,065 (March 2009)	975	900	875
5.b	**Wait time for children's mental health services:** Percent of children receiving "scheduled" mental health treatment within 30 days	78 (2008-09)	85	90	92
5.c	**Wait time for heart surgery (coronary artery bypass graft):** 90th percentile wait time in weeks				
	• Urgency level 1 (urgent)	1 week	≤ 1 week	≤ 1 week	≤ 1 week
	• Urgency level 2 (less urgent)	TBD[2]	6 weeks	6 weeks	6 weeks
	• Urgency level 3 (elective)	TBD[2] (March 2009)	26 weeks	26 weeks	26 weeks
5.d	**Wait time for hip replacement surgery:** 90th percentile wait time in weeks	33 weeks (March 2009)	26 weeks	26 weeks	26 weeks
5.e	**Wait time for knee replacement surgery:** 90th percentile wait time in weeks	49 weeks (March 2009)	26 weeks	26 weeks	26 weeks
5.f	**Wait time for cataract surgery:** 90th percentile wait time in weeks	31 weeks (March 2009)	16 weeks	16 weeks	16 weeks
5.g	**Wait time for all other elective surgical procedures:** 90th percentile wait time in weeks	24 weeks (March 2009)	22 weeks	20 weeks	18 weeks
5.h	**Emergency department length of stay:** 90th percentile wait time in hours				
	• Minor or uncomplicated cases	5.6 hours	4.5 hours	4 hours	4 hours
	• Complex cases	16.1 hours (2008-09)	11 hours	8 hours	8 hours
5.i	**Public rating of access to emergency department services:** Percentage rating ease of actually obtaining emergency department services needed for self or a close family member as "very easy" or "easy"	51 (2008)	60	65	70

Notes:
1 Continuing care includes long-term care facility beds and supportive living spaces.
2 Urgency level 2 and 3 definitions are being standardized.

Sources:
5.a Alberta Health Services; Health and Wellness, Health Policy and Service Standards Division, Health Policy and Services Standards Development Branch.
5.b Alberta Health Services; Health and Wellness, Community and Population Health Division, Community Health Branch.
5.c to 5.g Alberta Health Services; Health and Wellness, Health System Performance and Information Management Division, Performance Measurement Branch, Alberta Waitlist Registry.
5.h Health and Wellness, Ambulatory Care Classification System (ACCS).
5.i Health Quality Council of Alberta. Satisfaction with Health Care Services: A Survey of Albertans 2008.

GOAL SIX 6 Health workforce utilization and efficiency

What It Means A strong health workforce is key to maintaining a strong health system. Through various collaborations and partnerships, the ministry assures the provision of quality health care services by matching workforce supply to demand. Efficient, effective and innovative patient care models can be achieved by leveraging health workforce resources and optimizing utilization of education, skills and experience. Well managed retention initiatives will increase workforce satisfaction and staff retention, as well as overall productivity and system effectiveness.

Strategies

6.1 Ensure there is an appropriately regulated, adequate supply of health care workers with the right skills and competencies.

6.2 Develop and maintain compensation models to support effective and efficient ways to offer sustainable health services.

6.3 Continue to develop and expand innovative, sustainable and patient-centered service delivery models that improve access to health services.

6.4 Enhance capacity for training health care workers and improve education and training programs.

6.5 Support workforce efficiency improvements to optimize workflow and utilization of full scopes of practice.

Performance Measures	Last Actual (year)	Target 2010-11	Target 2011-12	Target 2012-13
6.a **Access to primary care providers:** Percentage of Albertans reporting they have a personal family doctor[1]	81 (2008)	83	84	85
6.b **Access to primary care through Primary Care Networks:** Percentage of Albertans enrolled in a Primary Care Network	70 (2009)	80	80	80
6.c **Physicians linked to Primary Care Networks:** Percentage of family physicians linked to Primary Care Networks	55 (2009)	57	60	65

Note:

1 The "Access to primary care providers" measure presently includes only the percentage of Albertans reporting they have a personal family doctor, but will include other primary care providers as data becomes available.

Sources:

6.a Health Quality Council of Alberta. Satisfaction with Health Care Services: A Survey of Albertans 2008.

6.b and 6.c Health and Wellness. Primary Care Claims Assessment (CLASS) Enhancement System.

GOAL SEVEN 7 Excellence through research, innovation and technology

What It Means The pursuit of excellence in Alberta's health system is an ongoing process that is accelerated through the efforts of scientists, program evaluators, information specialists and others involved in building upon the foundation for the health system of the future. The ministry promotes a culture of innovation to support programs and mechanisms required to maximize capacity and optimize the critical role research and technology play in improving health care in Alberta. Integrated systems for sharing information combined with a new health research strategy will leverage knowledge and support innovative programs and services needed to improve health care diagnostics and treatments.

Strategies

7.1 Coordinate and lead the continued adoption of automated information systems, electronic health records and technology by health care providers.

7.2 Implement a health research and innovation strategy that will provide strategic focus to health research investment and encourage translation of knowledge.

7.3 Collaborate with Alberta Health Services to review and recommend the introduction and further integration of new and existing technologies to improve service and manage public costs.

7.4 Develop a comprehensive data strategy to enhance clinical care and research initiatives (including Health and Wellness and Alberta Health Services data).

Performance Measures	Last Actual (year)	Target 2010-11	Target 2011-12	Target 2012-13
7.a **Alberta Netcare:** Number of care providers accessing Alberta Netcare	34,200 (2008-09)	45,229	50,657	55,723
7.b **Physician utilization of electronic medical records:** Percentage of community physicians using the Electronic Medical Record in their clinic	46 (March 2009)	57	70	84

Sources:

7.a Health and Wellness, Health System Performance and Information Management Division, Information Management Branch. Electronic Health Record (EHR) applications: Pharmaceutical Information Network (PIN), Lab Test Results History (LTRH), Person Directory (PD), and Alberta Netcare Portal 2004.

7.b Physician Office System Program (POSP), iPOSP database; MSIS Membership database, Alberta Medical Association.

EXPENSE BY CORE BUSINESS
(thousands of dollars)

	Comparable					
	2008-09 Actual	2009-10 Budget	2009-10 Forecast	2010-11 Estimate	2011-12 Target	2012-13 Target
Leadership and governance	9,132,760	9,369,977	9,813,937	11,499,388	11,407,986	12,084,152
Effective and innovative health care	2,902,011	3,343,799	3,250,096	3,531,098	3,594,652	3,669,685
MINISTRY EXPENSE	12,034,771	12,713,776	13,064,033	15,030,486	15,002,638	15,753,837

MINISTRY STATEMENT OF OPERATIONS
(thousands of dollars)

	Comparable					
	2008-09 Actual	2009-10 Budget	2009-10 Forecast	2010-11 Estimate	2011-12 Target	2012-13 Target
REVENUE						
Internal Government Transfers	229,752	417,034	417,034	445,497	457,677	457,677
Transfers from Government of Canada:						
Canada Health Transfer	1,947,239	1,961,782	2,260,243	2,030,194	2,122,808	2,200,465
Wait Times Reduction	61,222	26,956	27,316	27,380	27,536	27,698
Other Health Transfers	42,396	47,691	47,691	14,877	4,363	4,585
Investment Income	1,052	-	-	-	-	-
Premiums, Fees and Licences	786,871	34,190	34,143	104,290	136,240	144,582
Other Revenue	178,725	96,646	112,870	110,454	95,354	95,354
MINISTRY REVENUE	3,247,257	2,584,299	2,899,297	2,732,692	2,843,978	2,930,361
EXPENSE						
Program						
Alberta Health Services - Base Operating Funding	7,151,519	7,714,197	7,714,197	9,037,593	9,579,593	10,154,993
One-time Operating Funding for Alberta Health Services	297,000	-	343,000	759,000	-	-
Health Quality Council of Alberta	4,026	4,026	4,026	3,623	3,623	3,623
H1N1 Pandemic Response	-	-	148,866	-	-	-
Physician Compensation and Development	2,736,946	3,147,679	3,075,497	3,328,143	3,394,494	3,462,026
Allied Health Services	92,647	57,738	63,538	59,039	63,480	68,396
Human Tissue and Blood Services	143,690	144,102	153,802	162,702	170,902	179,102
Drugs and Supplemental Health Benefits	803,931	917,625	864,065	930,099	1,017,381	1,112,682
Community Programs and Healthy Living	116,831	154,361	163,157	166,077	175,425	169,465
Support Programs	447,498	339,918	269,207	321,965	357,073	372,666
Information Systems	49,491	84,357	69,589	79,993	79,247	81,832
Infrastructure Support	23,901	55,844	107,811	96,300	76,168	63,800
Ministry Support Services	64,971	66,929	60,278	58,952	58,252	58,252
Cancer Research and Prevention Investment	19,257	25,000	25,000	25,000	25,000	25,000
Valuation Adjustments and Other Provisions	83,063	2,000	2,000	2,000	2,000	2,000
MINISTRY EXPENSE	12,034,771	12,713,776	13,064,033	15,030,486	15,002,638	15,753,837
Gain (Loss) on Disposal of Capital Assets	-	-	-	-	-	-
NET OPERATING RESULT	(8,787,514)	(10,129,477)	(10,164,736)	(12,297,794)	(12,158,660)	(12,823,476)

CONSOLIDATED NET OPERATING RESULT

(thousands of dollars)

	Comparable					
	2008-09 Actual	2009-10 Budget	2009-10 Forecast	2010-11 Estimate	2011-12 Target	2012-13 Target
Ministry Revenue	3,247,257	2,584,299	2,899,297	2,732,692	2,843,978	2,930,361
Inter-ministry consolidation adjustments	(229,752)	(417,034)	(417,034)	(445,497)	(457,677)	(457,677)
Consolidated Revenue	3,017,505	2,167,265	2,482,263	2,287,195	2,386,301	2,472,684
Ministry Expense	12,034,771	12,713,776	13,064,033	15,030,486	15,002,638	15,753,837
Inter-ministry consolidation adjustments	(500)	(200)	-	(200)	(200)	(200)
Consolidated Expense	**12,034,271**	**12,713,576**	**13,064,033**	**15,030,286**	**15,002,438**	**15,753,637**
Gain (Loss) on Disposal of Capital Assets	-	-	-	-	-	-
CONSOLIDATED NET OPERATING RESULT	(9,016,766)	(10,546,311)	(10,581,770)	(12,743,091)	(12,616,137)	(13,280,953)

CAPITAL INVESTMENT BY PROGRAM

(thousands of dollars)

	Comparable					
	2008-09 Actual	2009-10 Budget	2009-10 Forecast	2010-11 Estimate	2011-12 Target	2012-13 Target
Community Programs and Healthy Living	38,935	43,800	54,200	48,400	55,340	47,226
Addiction Prevention and Treatment Services	1,198	-	-	-	-	-
Ministry Support Services	611	-	-	-	-	-
Information Systems	30,535	30,000	30,000	30,000	30,000	30,000
MINISTRY CAPITAL INVESTMENT	71,279	73,800	84,200	78,400	85,340	77,226